

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
7								57			
8								58			
9	1							59			
10	1							60			
11	1							61			
12	1							62			
13	1							63			
14	1							64			
15	1							65			
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36	1							86			
37	1							87			
38	1							88			
39	1							89			
40	1							90			
41	1							91			
42	1							92			
43	1							93			
44	1							94			
45	1							95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	2							TOTAL IND.			
TOTAL DEP.	35							TOTAL DEP.			
TOTAL CLAIMS	37							TOTAL CLAIMS			